WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

003624

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

4 WELLS
4"

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No 102927
Permit No.
Basin 205

NOTICE OF INTENT NO. 30685

1. OWNER JERRY MAUSER
MAILING ADDRESS 880 FRONT ST.
CALIENTE NV

ADDRESS AT WELL LOCATION 880 FRONT ST.
CALIENTE NV

2. LOCATION NE ¼ SE ¼ Sec 8 T 4 N OR 67 E LINCOLN County

PERMIT NO. (Issued by Water Resources) 03-143-05 (Parcel No.) (Subdivision Name)

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ Other

4. PROPOSED USE
☐ Domestic ☐ Irrigation ☐ Test
☐ Municipal/Industrial ☒ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Remove Well Boxes				
Pull Casing				
Fill from Bottom To Top with Bentonite Chips				
Seal on Top				
MAP Datum WGS 84				
MW#1 37°36.857N 114°30.814W			6'	
MW2 37°36.692N 114°31.149W			18'	
MW1 37°36.687N 114°31.139W			17'	
MW3 37°36.708N 114°31.129W			18'	
MAY 0 1				

Date started 4/26, 2007
Date completed 4/27, 2007

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 7 feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ____ °F Quality

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name EAGLE DRILLING SERVICES LLC (Contractor)
Address 7150 PACIN ST (Contractor)
LAS VEGAS NV 89119
Nevada contractor's license number issued by the State Contractor's Board 51266
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2272
Signed ____ (By driller performing actual drilling on site or contractor)
Date 4/30/07

(Rev. 12-01)

USE ADDITIONAL SHEETS IF NECESSARY

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